

CANDIDATE COMMITTEE COVER PAGE

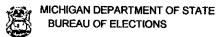
FOR OFFICIAL USE ONLY

| Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. | 3. This Statemer | nt covers From: 05/08/08 | to 07/20/08 | |
|---|---|--|---|----------------------------|
| 1. Committee I.D. Number | 4. Candidate L | ast Name Fi | irst Name | M.I. |
| 138224 | Joseph | David | | M. |
| 2. Committee Name | 1 | t Including District # or Commu | | |
| CTE David Joseph | | field Township | 1 rustee | |
| 5. Committee's Mailing Address | | sidence Macomb | | |
| 28637 Buckinghamshire Dr. | | ame & Residential Address | | |
| Chesterfield, MI 48047 | Christine Jo | • | | |
| 10017 | | kinghamshire Dr. d, MI 48047 | | 라 |
| | Onesterner | u, IVII 40047 | <u>.</u> | € |
| Area Code and Phone (586) 212-3148 | Į | | 11 2 | go m aven |
| If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official. | | | | |
| ************************************** | Area Code & Pho | one (586) 980-0694 | | TO poor |
| 7. Treasurer's Business Address | B. Designated Rec Designated Rec | ecord keeper's Name and Mailii ord keeper) | ng Address (If the commit | ttee has a |
| 28637 Buckinghamshire Dr. | | | ē. C∑ | မှ မ |
| Chesterfield, MI 48047 | | | | ü |
| | | | | |
| | | | | |
| (500) 000 0004 | | | | |
| Area Code and Phone (586) 980-0694 | Area Code and F | Phone | | |
| 9. TYPE OF STATEMENT | | | | |
| 9a. Pre-Election OR 9b. Post- | -Election | 9c. Annual Statement (| Coverage Yea | ar) |
| Pre-Election or Post-Election Statement relates to: | | 9d. Amendment to Campa or 9e to indicate which | aign Statement (Complete n Statement is being ame | e item 9a, 9b, 9c nded) |
| √ Primary Gene | eral | 9e. Dissolution of Candida | ate Committee | |
| Convention | ool | Effective D | ate of Dissolution | |
| Special Cauc | us | | | |
| | İ | By checking this item, I\We cer outstanding debts, including la | rtify that the committee ha | as no assets or |
| Date of Election, Convention or Caucus | | the dissolution cannot be grant | led, that this be considered | ed a request for |
| 08/05/08 | | the Reporting Waiver. Note: The disposition of residu | al funds must be reported | fon Schedule |
| A committee that does not have a Poporting Waiver must fine all and | | 118 and the Summary Page. | | |
| A committee that does not have a Reporting Waiver must file all rec Schedules. Direct contributions, in-kind contributions, loans, expen If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chance | ulred Campaign S ditures, and outsta | tatements. The Campaign Stat inding debts count against the \$ | ements must include all a 1,000 Reporting Waiver t | ipplicable threshold. |
| If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany the before the filing deadline of a required campaign statement, the | d since the informatis Campaign State | ation was shown on the commit ment. If a request for a Repor | tee's Statement of Organi ting Waiver is not recei | zation, an ved on or |
| 10. Verification: I/We certify that all reasonable diligence was used in mylour knowledge and belief the contents are true, accurate and cor | it campaign state the preparation o | ment cannot be waived. f this statement and attached so | chedules (if any) and to th | e best of |
| Current Treasurer or Christine Joseph | Shra | 510-1 | Man | 1/-0 |
| Designated Record keeper Type or Print Name | Signature | Joseph | — Date | 108 |
| Candidate David Joseph | Hand | Joseph . | 7/24 | 108 |
| Type or Print Name | Signature | UVE | Date | 150 |

| Committee | LD. | Number | 1 | 38224 |
|-----------|-----|--------|---|-------|
| | | | | |

SUMMARY PAGE CANDIDATE COMMITTEE

| RECEIPTS | 001 | |
|--|-------------------------|--|
| 3. Contributions | Column I This Period | Column II Cumulative this election cycle |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ | |
| b. Uniternized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ \$1,750.00 | (18.) \$ |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ \$50.00 | (19.) \$ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ \$1,800.00 | (20.) \$ |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ \$790.02 | (21.) \$ |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ \$0.00 | (22.) \$ |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ \$1,732.30 | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ \$0.00 | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ \$0.00 | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ \$1,732.30 | (23.) \$ |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.) \$ \$0.00 | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ \$0.00 | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | | |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | (11.) \$ \$0.00 | (24.) \$ |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$_\$790.02 | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ \$0.00 | |
| | BALANCE STATEMENT | |
| Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ \$0.00 | ; |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ \$1,800.00 | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$_\$1,800.00 | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ \$1,732.30 | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ \$67.70 * | |
| | | 1 |



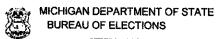
CANDIDATE COMMITTEE

138224 1. Committee I.D. Number

Page.

CTE David Joseph

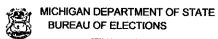
2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/22/08 Name & Address: Angela Millard 21300 Frazho Rd. _s 50.00 50.00 St. Clair Shores, MI 48081 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer_ **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 3. Contribution #2 4. Date of Receipt 05/31/08 PAC Receipt? Name & Address Chris Lindquist , 20.00 9318 Tiger Run 20.00 Davison, MI 48423 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _ **Business Address** Type of Contribution: | Direct Loan from a person **Fund Raiser** 3. Contribution #3 PAC Receipt? 4. Date of Receipt 05/31/08 YES Name & Address: Kim Lindquist , 20.00 20.00 9318 Tiger Run Davison, MI 48423 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation . **Employer Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address Conrad Aumann, II 23022 Sanders 100.00 100.00 St. Clair Shores, MI 48080 5. if over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Employer _ **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** Page Subtotal \$190.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on Page 1 of 12 line 3a of Summary



CANDIDATE COMMITTEE

1. Committee I.D. Number 138224

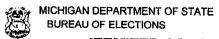
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address: | | |
| Craig Millard | | |
| 20411 Gardendale | 50 OO | , 50.00 |
| Detroit, MI 48221 | _{\$} 50.00 | \$ 30.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here f | or Memo Itemization |
| Occupation Employer | | or momo normazatori |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address | | |
| Danis Houser | | |
| 2158 Anita Ave. | _{\$} 20.00 | _{\$} 20.00 |
| Grosse Pointe Woods, MI 48236 | | |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Employer Employer | | |
| Business Address | | |
| Type of Contribution: | | |
| Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/13/08 | | |
| Dale Teller | | |
| 8384 Gates | _{\$} 20.00 | _s 20.00 |
| Romeo, MI 48065 | | <u> </u> |
| i. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: V Direct Loan from a person V Fund Raiser | | |
| Contribution #4 PAC Receipt? YES 4. Date of Receipt 05/31/08 | | |
| Dave Wingrove | | |
| 1939 Copper Creek Court | _s 20.00 | , 20.00 |
| Chesterfield, MI 48047 | 2 | \$ |
| . If over \$100.80 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Employer | OHOR FIGHE TO | Weillo Remization |
| Business Address | | |
| Type of Contribution: V Direct Loan from a person V Fund Raiser | | |
| | \$110.00 | |
| 두 | p : 10.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | ···· | |
| 2 of 12 | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number 138224

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | me, 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address: Michele Wingrove | | |
| 51939 Copper Creek Court | 20.00 | 20.00 |
| Chesterfield, MI 48047 | _{\$} 20.00 | _{\$} 20.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Hore 4 | ior Manna Mannissatissa |
| OccupationEmployer | Click nere t | for Memo Itemization |
| Business Address | | |
| Type of Contribution: V Direct Loan from a person V Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/13/08 Name & Address | | |
| Karen Dostert 52419 Silent Ridge Chesterfield, MI 48051 | _{\$} 20.00 | _{\$} 20.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address: | | |
| Dr. James Pradko 45524 Private Shore Dr. Chesterfield, MI 48047 | _{\$} 40.00 | ş 40.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address | | |
| Donna Lehman 28827 Grobbel Ave. Warren, MI 48092 | _{\$} 20.00 | _{\$} _20.00 |
| 5. If over \$100.00 cumulative, please provide: | Oliate I I and to | B.B. to the state |
| Occupation Employer | Click Here for | Memo Itemization |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| Page Sub Grand Total of All Schedules (Complete on last page of Sched | 3 1A | |
| Page 3 of 12 | Enter this total on line 3a of Summary Page. | - |

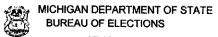


CANDIDATE COMMITTEE

1. Committee I.D. Number 138224

| 2. Committee Name | CTE David Joseph |
|-------------------|------------------|
| | |

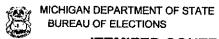
| Enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/31/08 | | |
| Jeff Lehman 28827 Grobbel Ave Warren, MI 48092 | , 20.00 | _s 20.00 |
| 5. If over \$100.00 cumulative, please provide: | Ψ | _ |
| OccupationEmployer | Click Here t | for Memo Itemization |
| Business Address | | |
| Type of Contribution: V Direct Loan from a person V Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/29/08 Name & Address | | *** |
| Deborah Brune 59696 Glacier Ridge Washington, MI 48094 | _{\$} _100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Loan from a person Fund Raiser | | |
| Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address: | | |
| Eric Wurmlinger 34449 Devon Court New Baltimore, MI 48047 | § 50.00 | _{\$} _50.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here to | r Memo Itemization |
| Occupation Employer | | |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Type of Contribution: | | |
| George Joseph 22839 California St. Clair Shores, MI 48080 | _{\$} 20.00 | _{\$} _20.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Employer | Choice for for | WOULD HOUSEASON |
| Business Address | | |
| Type of Contribution: | | |
| Page Subtotal | \$190.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | | |
| Page 4 of 12 | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138224

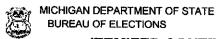
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/31/08 | _ | |
| Danielle Joseph 22839 California St. Clair Shores, MI 48080 | _{\$} 20.00 | _{\$} 20.00 |
| 5. if over \$100.00 cumulative, please provide: | Click Hore | for Mana danimatan |
| Occupation Employer | Click nere | for Memo Itemization |
| Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address | | |
| Ann B. Maltese 20841 Frazho Rd. St. Clair Shores, MI 48080 | _{\$} 30.00 | ş 30.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation Employer | Click Here for | or Memo Itemization |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/31/08 | | |
| Jennifer Davey 28809 Buckinghamshire Dr. Chesterfield, MI 48047 | § 20.00 | _{\$} 20.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here to | r Memo Itemization |
| Occupation Employer Business Address | | |
| Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/31/08 | | |
| Rich Davey 28809 Buckinghamshire Dr. Chesterfield, Mi 48047 | _{\$} 20.00 | _{\$} _20.00 |
| Cccupation Employer | Click Here for | Memo Itemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtota | \$90.00 | |
| Grand Total of Ali Schedules 1A (Complete on last page of Schedule) | | |
| Page 5 of 12 | Enter this total on line 3a of Summary Page. | - |



1. Committee I.D. Number 138224

CANDIDATE COMMITTEE

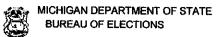
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|---|---|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/07/08 Name & Address: | | |
| Melissa King 18325 Bittersweet Road Fraser, MI 48026 | _{\$} 25.00 | _§ 25.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here f | or Memo Itemization |
| Occupation Employer | | |
| Business Address Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/07/08 Name & Address | | |
| Jan Uglis 50093 Bower Drive Chesterfield, MI 48047 | _{\$} 25.00 | _{\$} 25.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/31/08 | | |
| Jerry Myers 4250 N 100 W. Crawfordsville, IN 47933 5. If over \$100.00 cumulative, please provide: | \$ 20.00 Click Here for | \$ 20.00 Memo Itemization |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/31/08 | | |
| Jennifer LaPorte 26556 Autumn Lake Drive Chesterfield, MI 48051 i. If over \$100.00 cumulative, please provide: | _§ 20.00 | _{\$} _20.00 |
| OccupationEmployer | Click Here for | Memo Itemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | \$90.00 Enter this total on line 3a of Summary | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138224

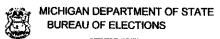
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address: Joanne Ferguson | | |
| 28638 Cromwell | , 20.00 | , 20.00 |
| Chesterfield, MI 48047 | \$_20.00 | \$ 20.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here t | for Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address | | |
| John McKernan 49278 Monte | _s 50.00 | _s 50.00 |
| Chesterfield, MI 48047 | 3 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fr | or Memo Itemization |
| OccupationEmployer | Olion Flore | or Memo Remization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/31/08 | | |
| John Walsh | | |
| 735 Koula | _{\$} 20.00 | _s 20.00 |
| Marysville, MI 48040 | 0 | |
| 5. If over \$100.00 cumulative, please provide: | Click Here to | Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| . Contribution #4 PAC Receipt? YES 4. Date of Receipt 05/31/08 | | |
| Pam Walsh 735 Koula Marysville, MI 48040 | _s 20.00 | , 20.00 |
| i. If over \$100.00 cumulative, please provide: | | 3 |
| Occupation Employer | Click Here for | Memo Itemization |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| Page Subtotal | \$110.00 | |
| | φι (0.00 | } |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | |] |
| Page 7 of 12 | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138224

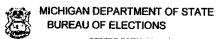
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/31/08 | _ | |
| John Beverly | | |
| 58636 Buckinghamshire Dr. | 50.00 | 50.00 |
| Chesterfield, MI 48047 | _{\$} 50.00 | _{\$} 50.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here f | or Memo Itemization |
| Occupation Employer | Olick Higher | or Memo Remization |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address | | |
| Antonio Viviano | | |
| 37928 Woodcrest St. | _{\$} 20.00 | _{\$} 20.00 |
| Clinton Twp., MI 48036 | | · · · · · · · · · · · · · · · · · · · |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address: | _ | · · · · · · · · · · · · · · · · · · · |
| Keri Trottier | | |
| 28665 Buckinghamshire Dr. | _{\$} 100.00 | _s 100.00 |
| Chesterfield, MI 48047 | | · |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address | | |
| Kyle Prueter | | |
| 26590 Green Ville Dr. | _s 20.00 | 20.00 |
| Perrysburg, OH 43551 5. If over \$100.00 cumulative, please provide: | <u> </u> | \$ |
| | Click Here for | Memo Itemization |
| Occupation Employer | | 101112011011 |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | \$190.00 | |
| Grand Total of All Schedules 1A | 7.00.00 | |
| (Complete on last page of Schedule) | | |
| Page 8 of 12 | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138224

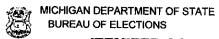
| middle initial. Check box to indicate if contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|-----------------------------|--|
| Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address: | <u> </u> | |
| Lawrence Joseph 30167 High Gate Drive Chesterfield, MI 48051 | _{\$} 40.00 | _{\$} 40.00 |
| 5. If over \$100.00 cumulative, please provide: | On 1 11 | |
| OccupationEmployer | Click Here | for Memo Itemization |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address | | |
| Lawrence Joseph 25881 Fortuna Roseville, MI 48066 | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here f | for Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/31/08 | - | |
| Laura Lootens 30605 Eleanor Court Chesterfield, MI 48051 | _{\$} 30.00 | _{\$} 30.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| . Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/31/08 | | |
| Nick Horattas 2938 Kingsview Lane Shelby Twp., MI 48316 | _{\$} 20.00 | _{\$_} 20.00 |
| . If over \$100.00 cumulative, please provide: Occupation Employer | Click Here for | r Memo Itemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | \$190.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | Enter this total on |] |
| age 9 of 12 | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number _____138224

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|-------------------------------|--|
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 05/31/08 | _ | |
| Kristen Horattas 2938 Kingsview Lane Shelby Twp., MI 48316 | _{\$_} 20.00 | _{\$} 20.00 |
| 5. If over \$100.00 cumulative, please provide: | 08.4.14 | |
| Occupation Employer | Click Here t | or Memo Itemization |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/31/08 Name & Address | | |
| Pamela Shovein 22534 12 Mile Road St. Clair Shores, MI 48080 | _{\$} _40.00 | ş_40.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 05/22/08 Name & Address: | | |
| Patricia Zachmann 5377 Windham Dr. Sterling Heights, Mf 48310 5. If over \$100.00 cumulative, please provide: | \$ 100.00 | \$ 100.00 |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| . Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/31/08 | | |
| Fried Zachmann 5377 Windham Dr. Sterling Heights, MI 48310 5. If over \$100.00 cumulative, please provide: | _{\$} 100.00 | _{\$} _100.00 |
| Occupation Employer | Click Here for | Memo Itemization |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser | | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | \$260.00 Enter this total on | |
| age 10 of 12 | line 3a of Summary | |

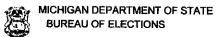


CANDIDATE COMMITTEE

1. Committee I.D. Number 138224

| . Committee Name | CTE David Joseph |
|------------------|------------------|
| | |

| Committee (PAC) Report | to indicate if cons | tribution is from a Pol regardless of amoun | litical Commit t. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|---------------------------------------|--|----------------------|--|--|--|
| Contribution # 1 Name & Address: | PAC Receipt? | YES 4. D | ate of Receip | 05/31/08 | _ | |
| Rose Sharboneau | ı-Decock | | | | | |
| 80575 Holmes Ro | | | | | 20.00 | , 20.00 |
| Armada, MI 4800 | | | | | _{\$} 20.00 | <u>ε 20.00</u> |
| 5. If over \$100.00 cumul | = | | | | Click Here | for Memo Itemization |
| Occupation | | Employer | | | Olion Here | or Memo Remization |
| Business Address | | | | ************************************** | | |
| Type of Contribution: | Direct | Loan from a per | son 🗸 | Fund Raiser | | · |
| Contribution #2 Name & Address | PAC Receipt? | YE\$ 4. Da | ate of Receipt | 05/31/08 | | |
| Tiffany Jones | | | | | | |
| 962 Balfour | | | | | _{\$} 20.00 | _s 20.00 |
| Grosse Pointe Par | | | | | | · · |
| 5. If over \$100.00 cumula | tive, please pro | vide: | | | Click Here for | or Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address | · · · · · · · · · · · · · · · · · · · | | | | | |
| Type of Contribution: | Direct [| Loan from a perso | on 🗸 | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Da | ate of Receipt | 05/31/08 | | |
| Travis Faulds | | | | | | |
| 1600 Onondaga R | oad | | | | _{\$} 20.00 | . 20.00 |
| Holt, MI 48842 | | | | | | · • |
| 5. If over \$100.00 cumula | live, please prov | /ide: | | | Click Here fo | r Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a perso | on 🗸 | Fund Raiser | | |
| . Contribution # 4 lame & Address | PAC Receipt? | YES 4. Da | ate of Receipt | 05/31/08 | | |
| /ickie Marszalec | | | | | | |
| 16568 River Woods | | | | | , 20.00 | , 20.00 |
| Macomb, MI 4804 | | | | | \$ | \$ |
| . If over \$100.90 cumulat | ive, please provi | ide: | | | Clink Have for | . B. d. a |
| Occupation | | Employer | · | | Click Here for | Memo Itemization |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a perso | on 🗸 F | Fund Raiser | | |
| | | | | Page Subtotal | \$80.00 | Ţ |
| | | | Grand | Total of All Schedules 1A | | • |
| | | | (Complete | on last page of Schedule) | E-A-A-III | |
| rage 11 of 12 | | | | | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

1. Committee I.D. Number 138224

| middle initial. Check b Committee (PAC) Rep | ox to indicate if con ort <u>all</u> contributions | ntribution is from a Politic regardless of amount. | cal Com | , enter last name, first name, mittee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|---|---|-----------------------|---|-----------------------------|--|
| Contribution # 1 Name & Address: | PAC Receipt? | YES 4. Date | of Rec | eipt 05/31/08 | | |
| Thomas Marsza | ilec | | | | | |
| 46568 River Wo | | | | | 400.00 | 400.00 |
| Macomb, MI 48 | | | | | _{\$} 100.00 | _s 100.00 |
| 5. If over \$100.00 cum | ulative, please pr | ovide: | | | | |
| Occupation | | | | | Click Here t | or Memo Itemization |
| Business Address | | | | | | |
| | Direct | Loan from a persor | n 🗸 | Fund Raiser | | |
| Contribution #2 Name & Address | PAC Receipt? | YES 4. Date | of Rece | ipt 05/13/08 | | |
| Christine Joseph | | | | | E0 00 | |
| 28637 Buckingh | | | | | _{\$} 50.00 | _{\$} 50.00 |
| Chesterfield, MI | | | | | | |
| 5. If over \$100.00 cum | ulative, please pro | ovide: | | | Click Here fo | or Memo Itemization |
| Occupation | | _ Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | V | Fund Raiser | | |
| 3. Contribution # 3 | PAC Receipt? | | | | | |
| Name & Address: | | 123 4. Date | of Rece | abr | | |
| | | | | | | |
| | | | | | \$ | e |
| | | | | | | • |
| 5. If over \$100.00 cumu | ılative, please pro | vide: | | | Click Here for | Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | | Fund Raiser | | |
| Contribution # 4 | PAC Receipt? | | of Rec | <u> </u> | | |
| lame & Address | | 4. Date | OINEU | ahr | | |
| | | | | | | |
| | | | | | | |
| | | | | | \$ | \$ |
| i. If over \$100.00 cumu | lative, please prov | vide: | | | * | |
| Occupation | | _ Employer | ··· ··· <u>-</u> ·· · | | Click Here for | Memo Itemization |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | | Fund Raiser | | |
| | L | | | | | |
| | | | | Page Subtotal | \$150.00 | |
| | | | Gra (Compl | and Total of All Schedules 1A lete on last page of Schedule) | \$1,750.00 | |
| 10 10 | | | (Comp | on tast page of Striedule) | Enter this total on | J |
| Page 12 of 12 | | | | | line 3a of Summary Page. | |



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 138224

| | | 2. Committee Name CTE David Joseph |
|-------------------------------|--------------------------|--|
| 3. Name & Address From Whom | | 5. Type of Receipt 6. Amount |
| Receipt #1 Name & Address: | Date of Receipt 06/10/08 | Loan from a Lending Institution |
| JPMorgan Chase Bank | (| Interest \$_50.00 |
| PO Box 260180 | | Refund \Rebate Click for Memo Itemization Type |
| Baton Rouge, LA 70826-0180 | Fund Raiser | Other (Specify) |
| Receipt #2 Name & Address: | Date of Receipt | Loan from a Lending Institution |
| | | Interest \$ |
| | | Refund \Rebate Click for Memo Itemization Type |
| | Fund Raiser | Other (Specify) |
| Receipt #3 Name & Address: | Date of Receipt | Loan from a Lending Institution |
| | | Interest \$ |
| | | Refund \Rebate Click for Memo Itemization Type |
| | Fund Raiser | Other (Specify) |
| Receipt #4 Name & Address: | Date of Receipt | Loan from a Lending Institution |
| | | Interest \$ |
| | | Refund \Rebate Click for Memo Itemization Type |
| | Fund Raiser | Other (Specify) |
| Receipt #5 Name & Address: | Date of Receipt | Loan from a Lending Institution |
| | | Interest \$ |
| | | Refund \Rebate Click for Memo Itemization Type |
| | Fund Raiser | Other (Specify) |
| Receipt #6 Name & Address: | Date of Receipt | Loan from a Lending Institution |
| | | Interest \$ |
| • | | Refund \Rebate Click for Memo Itemization Type |
| Dogini 47 | Fund Raiser | Other (Specify) |
| Receipt #7 Name & Address: | Date of Receipt | Loan from a Lending Institution |
| | | Interest \$ |
| | | Refund \Rebate Click for Memo Itemization Type |
| | Fund Raiser | Other (Specify) |
| | | Page Subtotal \$50.00 |
| | | Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) \$50.00 |
| Page 1 of 1 | | Enter this total on line 4 of Summary Page |



ITEMIZED IN-KIND CONTRIBUTIONS

| SCHEDULE 1-I | K 1. Committee I. D. Number 138224 | | | *************************************** |
|---|---|-------------|--------------------------------------|--|
| CANDIDATE COM | MITTEE 2. Committee Name CTE David | Joseph | 1 | * |
| Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or service purchased |)s were | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Throug date in Item 5 |
| Contribution # 1 PAC Receipt? Yes Name & Address: David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: | 4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- Description Ink for fund raiser invitations | · · · · · · | 38.15 | _{\$} 38.15 |
| Occupation: Probation Officer Employer Name & Business Address: Macomb County Juvenile Court 380 N. Rose Mt. Clemens, MI 48043 Fund Raiser Contribution | 5. Date Of Receipt: 05/14/08 6. Vendor Name & Address: Staples 51382 Gratiot Ave. Chesterfield, MI 48051 | Clic | k Here for Memo | temization |
| Contribution # 2 PAC Receipt? Yes Name & Address David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: Occupation: Probation Officer Employer Name & Address: Macomb County Juvenile Court 380 N. Rose Mt. Clemens, MI 48043 | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others Description Fund raiser supplies 5. Date Of Receipt: 05/28/08 6. Vendor Name & Address: GFS Marketplace 51630 Gratiot Rd. Chesterfield, MI 48051 | LOAN | 8.64 k Here for Memo | \$ 116.79 |
| Contribution #3 PAC Receipt? Yes Name & Address: David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: Occupation: Probation Officer Employer Name & Address: Macomb County Juvenile Court 380 N. Rose Mt. Clemens, MI 48043 | 4. | | 24 Here for Memo | \$ 152.03 |
| | Page S | ubtotal | \$152.03 | |

Grand Total of all Schedules 1-IK (Complete on last page of Schedule)

Enter this total on line 6 of Summary Page

Page 1 of 3



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 138224

| CI | Δì | un | ıın | Λ. | TE | CC | 184 | 1 | T | FE | C |
|----|-----|----|-----|----|----|--------|------|-----|---|----|---|
| v | ~,, | 1L | | ~ | | \sim | , 17 | L I | | | |

2. Committee Name CTE David Joseph

| | () - Mp C - C Mark page of Guilequile) | Enter this total on line 6 of Summary |
|---|--|--|
| | Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule) | \$89.99 |
| Mt. Clemens, MI 48043 Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: Occupation: Probation Officer Employer Name & Address: Macomb County Juvenile Court 380 N. Rose Mt. Clemens, MI 48043 Fund Raiser Contribution | 23 Mile Road Chesterfield, MI 48051 4. | 0.97 \$ 242.02 |
| If over \$100.00 cumulative, please provide: Occupation: Probation Officer Employer Name & Address: Macomb County Juvenile Court 380 N. Rose | Description Fund raiser supplies 5. Date Of Receipt: 05/31/08 6. Vendor Name & Address: | |
| Contribution # 2 PAC Receipt? Yes Name & Address David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 | - agosto of controce i digitaled by California of Official | 25.18 <u>\$ 221.05</u> |
| Occupation: Probation Officer Employer Name & Business Address: Macomb County Juvenile Court 380 N. Rose Mt. Clemens, MI 48043 Fund Raiser Contribution | 5. Date Of Receipt: 05/31/08 6. Vendor Name & Address: | lick Here for Memo Itemization |
| Contribution # 1 PAC Receipt? Yes Name & Address: David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: | Goods Depeted and sound G Sandage Depeted | 43.84 _{\$} 195.87 |
| 3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5) |

Page



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number 138224

2. Committee Name CTE David Joseph

| ONINDIDA I E COM | | | |
|--|--|--|--|
| Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution #1 PAC Receipt? Yes Name & Address: David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 If over \$100.00 cumulative, please provide: Occupation: Probation Officer | Condo Boorded and array Construction | 548.00 _{\$_} | 790.02 |
| Employer Name & Business Address: Macomb County Juvenile Court 380 N. Rose Mt. Clemens, MI 48043 Fund Raiser Contribution | 5. Date Of Receipt: 07/01/08 6. Vendor Name & Address: Poli Graphics 340 Broadway Ave. Saint Paul Park, MN 55071 | ck Here for Memo item | nization |
| Contribution # 2 PAC Receipt? Yes Name & Address | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN | \$ | |
| If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | Description 5. Date Of Receipt: 6. Vendor Name & Address: | | |
| Fund Raiser Contribution | Clic | ck Here for Memo Item | ization |
| Contribution #3 PAC Receipt? Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: | 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description | \$ | |
| Employer Name & Address: | Date Of Receipt: Vendor Name & Address: Clic | k Here for Memo Itemi. | zation |
| Fund Raiser Contribution | | | |
| | Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule) | \$548.00 \$790.02 Enter this total on line 6 of Summary | |

Page 3 of 3



Address

Address

Address

Address

Expenditure #5

50770 Gratiot

Fund Raiser

Address

Name Father & Son Pizzera

Chesterfield, MI 48051

ITEMIZED EXPENDITURES **SCHEDULE 1B**

1. Committee I. D. Number

138224

2. Committee Name CTE David Joseph **CANDIDATE COMMITTEE** 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) 5. Date 6. Amount Expenditure #1 Name Blue Water Bridge DFS 05/26/08 \$ 138.68 Purpose: Alcohol for fund raiser Date 2 Bridge St. Click Here for Memo Itemization Type Point Edward, ON N7V 4J5 Check box if this expenditure is payment of debt or obligation reported on previous √ Fund Raiser statement Expenditure #2 Name Staples 06/06/08 \$ 22.04 Date Paper and envelopes for thank-you cards Purpose: 51382 Gratiot Ave. Click Here for Memo Itemization Type Chesterfield, MI 48051 Check box if this expenditure is payment of debt or obligation reported on previous ✓ Fund Raiser statement Expenditure #3 Name Wine Valley Liquor \$ 31.59 Purpose: Ice for fund raiser 50093 Gratiot Click Here for Memo Itemization Type Chesterfield, MI 48051 Check box if this expenditure is payment of debt or obligation reported on previous ✓ Fund Raiser statement Expenditure #4 Name Sorelle Bakery & Deli 05/31/08 \$ 86.90 Date Purpose: Subs for fund raiser 30512 23 Mile Road Chesterfield, MI 48047 Click Here for Memo Itemization Type Check box if this expenditure is payment of ✓ Fund Raiser debt or obligation reported on previous

statement

Pizza for fund raiser

Check box if this expenditure is payment of

debt or obligation reported on previous

Subtotal this page

05/31/08

Date

Click Here for Memo Itemization Type

\$354.16

\$ 74.95

Grand Total of all Schedules 1B (Complete on last page of Schedule)

> Enter this total on line 8a of Summary Page

| | 1 | | 3 |
|------|---|----|---|
| Page | | of | |



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

| 138224 | |
|--------|--|
|--------|--|

| CANDIDATE COMMITTEE | 2. Committee Name CTE David Joseph | | |
|---|---|-------------------------------------|------------------------------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 Name BP Gas Station Address | Purpose: Postage | 06/09/08 Date | \$ 42.00 |
| 43561 Groesbeck Hwy Clinton Twp., MI 48036 | | | temization Type |
| Name Campaign-Supply.com Address | Purpose: Yard Signs & Frames | 06/10/08 Date | \$ <u>476.00</u> |
| 340 Broadway Ave. St. Paul Park, MN 55071 Fund Raiser | Click I Check box if this expenditure is payment of debt or obligation reported on previous statement | lere for Memo | Itemization Type |
| Expenditure #3 Name DigiGraphx Co. Address 24764 Forterra Drive Warren, MI 48089 Fund Raiser Expenditure #4 | Purpose: T-Shirts Click H Check box if this expenditure is payment of debt or obligation reported on previous statement | 06/18/08 Date lere for Memo | \$ 254.58 |
| Name Staples Address 51382 Gratiot Ave. Chesterfield, MI 48051 Fund Raiser Expenditure #5 | Purpose: Paper & Ink for Flyers | 06/24/08 Date | \$ <u>95.38</u> temization Type |
| Name Staples Address 51382 Gratiot Ave. Chesterfield, MI 48051 Fund Raiser | Purpose: Ink for Flyers | 06/29/08 Date ere for Memo It | \$ 43.43 temization Type |
| | | It this page | \$911.39 |
| | Grand Total of all So (Complete on last page o | thedules 1B of Schedule) | |

Enter this total on line 8a of Summary Page

Page 2 of 3



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

138224

| CANDIDATE COMMITTEE | 2. Committee Name CTE David Joseph | | | |
|--|--|-------------------------|---------------------|--|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount | |
| Expenditure #1 | | | | |
| Name Mount Clemens MPO | | 07/03/08 | \$ 297.00 | |
| Address | Purpose: Postage for postcards | Date | <u> 207.00</u> | |
| Mount Clemens, Michigan | | | | |
| 48046-9998 | Click | Here for Mem | no Itemization Type | |
| 2582330046-0096 | Check box if this expenditure is payment of | ıf . | | |
| Fund Raiser | debt or obligation reported on previous statement | | | |
| Expenditure #2 | | | · | |
| Name All-Pro Design & Printing | | 07/01/08 | a 140.00 | |
| Address | Purpose: Postcard printing | Date | \$ <u>149.00</u> | |
| | Purpose: | | | |
| 21470 Coolidge Hwy. Oak Park, MI 48237 | Click | Here for Mem | o Itemization Type | |
| Out 1 airt, 1911 40201 | Check box if this expenditure is payment or | f | | |
| Fund Raiser | debt or obligation reported on previous statement | | | |
| Expenditure #3 | Statement | | <u></u> | |
| Name Lowe's | | | | |
| | | 07/04/08 | \$ 13.75 | |
| Address | Purpose: Supplies for signs | Date | | |
| 27990 23 Mile Road Chesterfield, MI 48051 | Click | Here for Memr | Itemization Type | |
| Chesterneid, Wit 48051 | Check box if this expenditure is payment of | | tomization Type | |
| Fund Raiser | debt or obligation reported on previous | | | |
| Expenditure #4 | statement | | | |
| ^{Name} Chase Bank | | | | |
| | | 06/30/08 | \$ 7.00 | |
| Address | Purpose: Checking account service fee | Date | | |
| 27100 23 Mile Road | | | | |
| Chesterfield, MI 48051 | l paramag | | Itemization Type | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous | | | |
| | statement | | | |
| Expenditure #5 | | | | |
| Name | | | | |
| Address | Purpose: | Date | \$ | |
| | | | | |
| | Chack how if this owners the control of the control | lere for Memo | Itemization Type | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous | | | |
| | statement | , | | |
| | Subto | tal this page | \$466.75 | |
| | Grand Total of all 5 (Complete on last page | | \$1,732.30 | |
| | (Vempige on last tiating | CONTRACTOR TO PROPERTY. | | |

Enter this total on line 8a of Summary Page

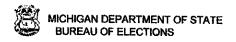
Page 3 of 3



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 13

| O \$ 11D1D \$ TE O O | Committee Name CTE Davi | a Joseph | | |
|---|--|---|--|--|
| CANDIDATE COMMITTEE This Schedule itemizes: | Sommade Harne | | | |
| | | | | |
| | nmittee OR b. Deb eck either a or b. Use only for the p | ts and obligations owed <u>to</u> curpose checked.) | or forgiven <u>by</u> the co | mmittee. |
| Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
| Debt #1 Corp? Yes Owed to or by: | 4. Type: Loan | \$ | | |
| David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 | 5. <u>Date Debt Was Incurred</u> : 05/14/08 6. <u>Original Amount of Debt</u> : \$ 38.15 | \$ \$ | \$ | \$_38.15 |
| | \$ | ! \$ | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$ | |
| Debt #2 Corp? Yes Owed to or by: | 4. Type: Loan | \$ | The contract of the contract o | |
| David Joseph 28637 Buckinghamshire Dr. | 5. <u>Date Debt Was Incurred</u> : 5/28/08 | \$\$ | | |
| Chesterfield, MI 48047 | 6. Original Amount of Debt: | \$ | | ¢ 78.64 |
| | _{\$} 78.64 | \$ | 3 | |
| | | . \$ | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | An | rount Endorsed: \$_ | |
| Debt #3 Corp? Yes Owed to or by: | 4. Type: Loan | \$ | Part Endorsed, φ2 | |
| David Joseph | 5. Date Debt Was Incurred: | • | | |
| 28637 Buckinghamshire Dr. | 5/28/08 | <u>Ψ</u> | | |
| Chesterfield, MI 48047 | 6. Original Amount of Debt: | \$ | \$ | s 35.24 |
| | _{\$_} 35.24 | \$ | . Ψ | |
| | | \$ | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | An | ount Endorsed: \$ | |
| | | | Todak Endorsed: # | |
| | | Page Subtotal | (Outstanding debt) | \$152.03 |
| (Co | mplete on last page of Schedule sh | Grand Total on Grand | of all Schedules 1E | ļ |
| A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement. Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page | | | | |



DEBTS AND OBLIGATIONS

1. Committee I.D. Number

138224

| SCHEDULE 1E | OTE Desi | al | | |
|--|--|---|---------------------------------------|--|
| CANDIDATE COMMITTEE 2.0 | Committee Name CTE David | a Josepn | | |
| This Schedule itemizes: | | | | |
| a Debts and obligations owed by or forgiven the con (Che | nmittee OR b. Debi | ts and obligations owed <u>to</u> o urpose checked.) | r forgiven <u>by</u> the co | ommittee. |
| Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
| Debt #1 Corp? Yes Owed to or by: | 4. Type: Loan | | | |
| David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 | 5. <u>Date Debt Was Incurred</u> : 05/31/08 6. <u>Original Amount of Debt</u> : \$ 43.84 | \$ \$ | \$ | \$_43.84 FORGIVEN |
| If bank loan, name of endorser or guarantor: | | \$Amo | · ount Endorsed: \$ _ | |
| Debt #2 Corp? Yes Owed to or by: | 4. Type: Loan | \$ | | |
| David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 | 5. <u>Date Debt Was Incurred</u> : 5/31/08 6. <u>Original Amount of Debt</u> : | \$ \$ | • | s 25.18 |
| If bank loan, name of endorser or guarantor: | \$ 25.18 | \$ \$ | | FORGIVEN |
| Debt #3 Corp? Yes | | Am | ount Endorsed: \$_ | |
| David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 | 4. Type: Loan 5. <u>Date Debt Was Incurred</u> : 6/28/08 | \$ | | |
| | 6. Original Amount of Debt: \$_20.97 | \$ | \$ | \$ 20.97 FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$_ | ····· |
| | | One and Taket | Outstanding debt) ali Schedules 1E | \$89.99 |
| (Co A debt or obligation must be shown on this Schedul this Campaign Statement or it was forgiven during ti | mplete on last page of Schedule sh e if there was an outstanding am he period covered by this Campa | owing amounts owed by or | to the committee)[| Enter this total on line 12a "owed by" or line 12b "owed to" of the |

Summary Page

Page 2 of 3



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

| 138224 | |
|--------|--|
| | |

| CANDIDATE | COMMITTEE |
|-----------|-----------|
|-----------|-----------|

CTE David Joseph

| ONITION IL COMMINITIEL | . Committee Name | | | |
|--|---|---|---------------------------------------|--|
| This Schedule itemizes: | | | | |
| a ✓ Debts and obligations owed <u>by</u> or forgiven the co (C | ommittee OR b. Debi | ts and obligations owed <u>to</u> c urpose checked.) | or forgiven <u>by</u> the co | mmittee. |
| Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description) 5. Indicate date debt was incurred. | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
| Debt #1 Corp? Yes Owed to or by: | 4. Type: Loan | s | | |
| David Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 | 5. <u>Date Debt Was Incurred</u> : 07/01/08 6. <u>Original Amount of Debt</u> : \$ 548.00 | \$ \$ \$ | \$ | \$_548.00 |
| If bank loan, name of endorser or guarantor: | | <u> </u> | | • |
| Debt #2 Corp? Yes | | Amo | ount Endorsed: \$ | |
| Owed to or by: | 4. Type: | \$ | | |
| | 5. Date Debt Was Incurred: | \$ | | |
| | 6. Original Amount of Debt: | \$ | s | \$ |
| | \$ | \$ | * | FORGIVEN |
| | | \$ | | FURGIVEN |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$_ | |
| Debt #3 Corp? Yes Owed to or by: | 4. Type: | \$ | | |
| , | 5. Date Debt Was Incurred: | * | | |
| | | | | |
| | 6. Original Amount of Debt: | <u> </u> | s. | \$ |
| | \$ | <u> </u> | · · | FORGIVEN |
| | ······································ | \$ | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$ | |
| | | Page Subtotal (| Outstanding debt) | \$548.00 |
| (C | Complete on last page of Schedule sh | | - 1 | \$790.02 |
| A fight or chilagation must be about an Alic Ochard | al Materia | - · · · · · · · · · · · · · · · · · · · | | Enter this total on line 12a "owed by" or line 12b |

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

by"" or line 12b "owed to" of the Summary Page



138224

| FUND RAISER SCHEDULE 1F | | 1. Con | 1. Committee I.D. Number | | | |
|--|---|---|---|---------|--|--|
| CANDIDATE COMMITTEE | | | 2. Committee Name CTE David Joseph | | | |
| | - USE A SEPA | RATE SH | EET FOR EACH E | VENT - | | |
| 3. Date Event Was Held | Number of Individual or Participating (which greater) | | 5. Type of Fund Raising A | Ctivity | 6. Address and Name (If any) of the place where the activity was held. | |
| 05/31/08 | 60 | ⁶⁰ Pizza & Subs F | | Party | 28637 Buckinghamshire Chesterfield, MI 48047 Private Residence | |
| 7. Total Contributions | \$1,75 | 0.00 | | | | |
| 8. Other Receipts | \$0.00 | \$0.00 | | | | |
| 9. Gross Receipts (Add lines 7 | and 8) \$1,75 | \$1,750.00 | | | | |
| 10. Total Cost of Event (Total Cost includes In-Kind Co | | \$575.21 and All Expenditures Made For the Eventy | | | | |
| 11. Check if event was a jo | | | • | | | |
| Co-Sponsor(s) | Co | entribution S (%) | plit | | Expenditure Split (%) | |
| | | | ··········· | | | |
| | | | | | | |
| | | | | | | |
| | | | *************************************** | | | |

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

| Page | 1 | of 1 |
|------|---|------|
| raye | | . OT |